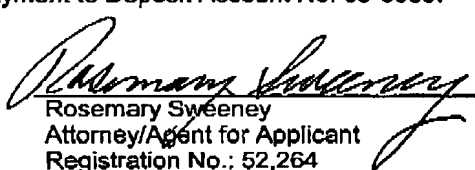


NOV 28 2007

VIA FACSIMILE 571-273-8300

14 Pages Total

<b>FEE AUTHORIZATION / AMENDMENT TRANSMITTAL</b>				Attorney's Docket No: 3374-US-NP			
Serial No. 10/620,064		Filing Date July 15, 2003		Examiner LANKFORD, Leon Jr.		Group Art Unit 1651	
In Re Application of Brian D. FOLLSTAD							
For: METHODS AND MEDIA FOR CONTROLLING SIALYLATION OF PROTEINS PRODUCED BY MAMMALIAN CELLS							
TO THE COMMISSIONER FOR PATENTS:							
<input type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): <input type="checkbox"/> One month of original due date (\$120.00) <input type="checkbox"/> Two months of original due date (\$460.00) <input type="checkbox"/> Three months of original due date (\$1,050.00) <input type="checkbox"/> Four months of original due date (\$1,640.00) <input type="checkbox"/> Five months of original due date (\$2,230.00) <input type="checkbox"/> A response in connection with the matter for which this extension is requested: <input type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application. <input type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input checked="" type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:							
<b>CLAIMS AS AMENDED</b>							
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee	
Total Claims	48	Minus	48	= 0	x \$50	= \$ 0.00	
Indep. Claims	8	Minus	6	= 2	x \$210	= \$ 420.00	
<input type="checkbox"/> First Appearance of a multiple dependent claim					+	\$370	= \$ 0.00
Total Additional Fee for this Amendment						\$ 420.00	
<p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p>The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.</p> <p><input type="checkbox"/> The following other fees are incurred by the accompanying papers.</p> <p><input type="checkbox"/> Other: _____</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of \$420.00. A duplicate copy of this petition is attached.</p> <p><input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.</p>							
Please Send Future Correspondence To:							
<b>22932</b>							
Immunex Corporation Law Department 1201 Amgen Court West Seattle, Washington 98119-3105 (206) 265-7000				 Rosemary Sweeney Attorney/Agent for Applicant Registration No.: 52,264 Phone: (206) 265-7858 Date: November 28, 2007			

## CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence (along with any referred to as being attached or enclosed) is being transmitted to the United States Patent and Trademark Office on the date appearing below.

November 28, 2007

Date

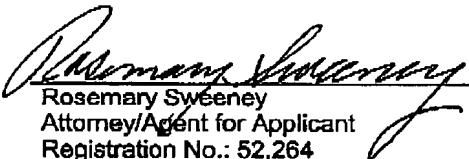
Signature

NOV 28 2007

002

VIA FACSIMILE 571-273-8300


14 Pages Total

<b>FEE AUTHORIZATION / AMENDMENT TRANSMITTAL</b>					Attorney's Docket No: 3374-US-NP	
Serial No. 10/620,064		Filing Date July 15, 2003		Examiner LANKFORD, Leon Jr.		Group Art Unit 1651
In Re Application of Brian D. FOLLSTAD						
For: METHODS AND MEDIA FOR CONTROLLING SIALYLATION OF PROTEINS PRODUCED BY MAMMALIAN CELLS						
TO THE COMMISSIONER FOR PATENTS:						
<input type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): <input type="checkbox"/> One month of original due date (\$120.00) <input type="checkbox"/> Two months of original due date (\$460.00) <input type="checkbox"/> Three months of original due date (\$1,050.00) <input type="checkbox"/> Four months of original due date (\$1,640.00) <input type="checkbox"/> Five months of original due date (\$2,230.00) <input type="checkbox"/> A response in connection with the matter for which this extension is requested: <input type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application. <input type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input checked="" type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
<b>CLAIMS AS AMENDED</b>						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	48	Minus	48 =	0	x \$50	= \$ 0.00
Indep. Claims	8	Minus	6 =	2	x \$210	= \$ 420.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+	\$370 = \$ 0.00
Total Additional Fee for this Amendment						\$ 420.00
* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed. <input type="checkbox"/> The following other fees are incurred by the accompanying papers. <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of \$420.00. A duplicate copy of this petition is attached. <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.						
Please Send Future Correspondence To: <b>22932</b> Immunex Corporation Law Department 1201 Amgen Court West Seattle, Washington 98119-3105 (206) 265-7000						
 Rosemary Sweeney Attorney/Agent for Applicant Registration No.: 52,264 Phone: (206) 265-7858 Date: November 28, 2007						

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence (along with any referred to as being attached or enclosed) is being transmitted to the United States Patent and Trademark Office on the date appearing below.

November 28, 2007  
Date

  
Signature